

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11-16-04</u>		2 Serial/Patent # <u>11/695440</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition		7-12-04	\$ 170							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 170								
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>			1	9	--	4	8	8	0
1	9	--	4	8	8	0					
<div style="font-family: cursive; font-size: 1.2em;">Fee not necessary</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Karen Creas</u>		TITLE: <u>Pet. Exm.</u>									
SIGNATURE: <u>Karen Creas</u>		PHONE: <u>(571) 272-3208</u>									
OFFICE: <u>DAC for patents</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alissa Kelly</u>		DATE: <u>11/17/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**